



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Samuel I. Brandt

Docket No.: 2001P16949 US02

Serial No.: 10/051,664

Examiner: Akiba K. Robinson Boyce

Filed: 01.17.02

Group Art Unit: 3623

Title: A SYSTEM FOR PROCESSING HEALTHCARE RELATED EVENT INFORMATION FOR

USE IN SCHEDULING PERFORMANCE OF TASKS

## **CERTIFICATE OF MAILING**

I hereby certify that correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail on the below-indicated date in an envelope addressed to: Assistant Commissioner for Patents, Alexandria, VA 22313-1450

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Alexander J. Burke Reg. No. 40,425

Assistant Commissioner for Patents P.O.Box 1450 Alexandria, VA 22313-1450

## **INFORMATION DISCLOSURE STATEMENT**

Sir:

The documents listed on Form PTO-1449 have been cited in co-pending commonly owned application 2003/0050797 A1 concerning similar subject matter hereby cited pursuant to 37 CFR §1.56, §1.97 and §1.98, for consideration in the examination of the above-identified application and for the purpose of having them made of record.

The Commissioner is authorized to charge the fee of \$180.00 to deposit account No. 19-2179 and any other fees associated with the filing of the paper and credit any overpayments.

Respectfully submitted,

Alexander Burke

Reg. No.: 40,425

Date: August 2, 2005

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PTO/SB/08a (05-03)
Approved for use through 04/30/2003. OMB 0651-0031
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				Application Number	10/051,664		
INFORMATION DISCLOSURE				Filing Date	01.17.02		
STATEMENT BY APPLICANT			PPLICANT	First Named Inventor	Samuel I. Brandt		
				Art Unit	3623		
(use as many sheets as necessary)			necessary)	Examiner Name	Akiba K. Robinson Boyce		
Sheet	1	of	1	Attorney Docket Number	2001P16949 US02		

U.S. PATENT DOCUMENTS						
Examiner	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevan	
Initials *	No.	Number - Kind Code <sup>2</sup> (if known)			Passages or Relevant Figures Appear	
		US-2003/0050797 A1	03/13/2003	Brandt et al.		
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FOREIGN PATENT DOCUMENTS						
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Examiner Initials*	Cite No. <sup>1</sup>	Country Code <sup>3</sup> - Number <sup>4</sup> - Kind Code <sup>5</sup> ( <i>if known</i> )	Publication Date MM-DD-YYYY	Applicant of Cited Document	Where Relevant Passages or Relevant Figures Appear	۳°

Examiner Signature	Date Considered	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)
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Under the Panerwork Rightion Act of 198	35 n nersons are required to				TMENT OF COMMERCE alid OMR control number	
Effective BAD Dos	Complete if Known					
Fees pursuant to the Consolidated Approp		Application Number	Application Number 10/051,664			
FEE TRANS	Filing Date	Janua	January 17, 2002			
For FY 2	First Named Invent	or S. I. B	S. I. Brandt et al.			
		Examiner Name		Robinson-Boyce	<del></del>	
Applicant claims small entity statu	us. See 37 CFR 1.27	Art Unit	3623			
TOTAL AMOUNT OF PAYMENT (S	\$) 180.00	Attorney Docket No	<del>- †</del>	2001P16949US02		
METHOD OF PAYMENT (check a	all that apply)					
Check Credit Card	lu al Di	. Пал				
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For the above-identified deposi	t account, the Director is	hereby authorized to: (ch	heck all that	apply)		
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information and authorization on PTO-203	·8.					
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND			XAMINATI	ON EEES		
	Small Entity	Small Entity	Sm	nall Entity		
Application Type Fee (\$)	Fee (\$) Fee			Fee (\$)	Fees Paid (\$)	
Utility 300	150 50		200	100		
Design 200	100 10		130	65 .	······································	
Plant 200	100 30	0 150	160	80		
Reissue 300	150 50	0 250	600	300		
Provisional 200	100	0 0	0	0 .		
2. EXCESS CLAIM FEES				- 4	all Entity	
Fee Description Each claim over 20 (including	Reissues)			50	<del>-ee (\$)</del> 25	
Each independent claim over 3	•			200	100	
Multiple dependent claims	` ,			360	180	
<u>Total Claims</u> <u>Extra Cla</u>	ims <u>Fee (\$)</u>	ee Paid (\$)		Multiple Depen	dent Claims	
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HP = highest number of total claims paid Indep. Claims Extra Cla	_	ee Paid (\$)				
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HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
100 =		(round up to a whol			_ =	
Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)						
Other (e.g., late filing surcharge): INFORMATION DISCLOSURE STATEMENT FEE 180.00						

SUBMITTED BY			
Signature	Abroules Broke	Registration No. (Attorney/Agent) 40,425	Telephone 732-321-3023
Name (Print/Type)	Alexander J. Burke		Date AUGUST 2, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.